

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90028 006 \*\*\*150.00

**DOCUMENT # P92000001922**

1. Entity Name  
TARTARUGA CREEK MANAGEMENT GROUP, INC.



Principal Place of Business  
RT 2, BOX 121C  
GREENVILLE, FL 32331 US

Mailing Address  
303 ASHLEY ROAD  
GREENVILLE, FL 32331 US

**94031476**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

03102004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3150707

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ARNOLD, FRANCESCA  
RT. 2, BOX 121-C  
GREENVILLE, FL 32331

7. Name and Address of New Registered Agent  
Name  
FRANCESCA ARNOLD  
Street Address (P.O. Box Number is Not Acceptable)  
303 ASHLEY RD  
City  
GREENVILLE FL Zip Code  
32331

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Francesca Arnold* DATE 3-10-04  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ARNOLD, FRANCESCA RT 1, BOX 121-C GREENVILLE, FL 32331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 303 ASHLEY RD GREENVILLE, FL 32331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Francesca Arnold* DATE 3-10-04 DAYTIME PHONE # 850-9976166  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR